POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Mv*	*6284*	*3/1/0*
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*BM*	*71423*	*4-17-00*
RESPONSE FORMALITY REVIEW		*71423*	*7-26-00*

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim (Final)	Claim (Original)	Date							
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Claim (Final)	Claim (Original)	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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